Job Opportunity Bulletin

Post Date: 5/19/2014

PROGRAM TECHNICIAN II (RE-ADVERTISEMENT)

If you applied previously it is not necessary to re-apply

Salary: \$ 2,638.00 - \$3,305.00 Permanent, Full-Time

FINAL FILING DATE: June 3, 2014

The California Department of Developmental Services (DDS) currently has an outstanding opportunity for a strong candidate seeking a position as a Program Technician II in the Client Financial Services Section (CFS) of the Administration Division.

CFS bills Prescription Drug Plans (PDP) under the federal Medicare Part D program for pharmaceuticals provided to clients in developmental centers and state hospitals. This billing is done using a centralized billing system (the Cost Recovery System - CRS) and claims compliance & editing system provided by Data Systems Group (DSG). The primary duty of the candidate will be to identify the cause of rejected Medicare Part D claims then correct and resubmit the claims resulting in payment. The candidate will interact with other CFS billing staff, hospital pharmacies, PDP's, DSG and CRS staff. This is a fast paced and technically challenging position.

If this sound like the job for you and want more information about this exciting opportunity, please reference the duty statement on the following page.

DESIREABLE QUALIFICATIONS:

- Ability to work with numbers and understand the logical sequences of an automated accounting and billing system.
- Strong problem solving skills.
- Knowledge of and ability to proficiently utilize Microsoft Excel and Word.

ADDITIONAL INFORMATION:

This position is located in DDS' Headquarters office in downtown Sacramento. It is conveniently located near public transportation, parks, restaurants, and farmer's markets. DDS is committed to providing quality services and support to individuals with developmental disabilities.

If you would like to be a part of our DDS team, please submit an original signed state application (STD. 678) and a resume. *Please include on your application the basis of your eligibility and position number* **473-171-9928-030.**

JOIN THE DDS TEAM!

For information about the DEPARTMENT OF DEVELOPMENTAL SERVICES Please visit our website at www.dds.ca.gov

Please refer to: Position #: **473-171-9928-030**

Mail your application to:

Dept. of Developmental Services 1600 Ninth Street, MS-Q Sacramento, CA 95814 Attention: Linda Newson

All applications will be screened and only the most qualified will be interviewed.

CONTACT INFORMATION

Name: Linda Newson

Number: (916) 322-9018

Email: linda.newson@dds.ca.gov



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 9th Street, MS-Q Sacramento, CA 95814

"Building Partnerships, Supporting Choices"

DUTY STATEMENT

DS 3022 (04/2014)

CLASSIFICATION	DIVISION/BRANCH
Program Technician II	Administration
	Financial Services
EMPLOYEE NAME	SECTION/UNIT
Vacant	Client Financial Services
	Medicare/Insurances/Quality Control/Conservatorship
POSITION NUMBER	EFFECTIVE DATE
473-171-9928-030	05/01/2014

SUMMARY: Performs Medicare D claiming functions for beneficiaries receiving services in the developmental centers, state operated facilities, and Department of State Hospitals state hospitals (facilities); processes Medicare drug claims electronically interacting with the Cost Recovery System (CRS) used within Client Financial Services (CFS), the contracted claims correction and transmission system Data Systems Group (DSG), the fiscal intermediary system, and drug plan systems; performs claims corrections for resubmission including reconciling remittance advices and working denied claims which includes collection activities; manually posts payments where necessary; maintains accurate accountings for each beneficiary; reviews program revenue and aging reports and take appropriate action to resolve issues; creates reports for management review, reviews weekly summary and monthly error reports; provides guidance, consultation, and training by phone to facilities staff; works with internal units within CFS, the Developmental Centers Division, Information Technology Section, facility pharmacy staff, and Prescription Drug Plans (PDPs) to obtain or provide information and correct pharmacy claiming issues; meets time sensitive deadlines while working in a fast paced environment and adapting to changes mandated by the Centers for Medicare and Medicaid Services (CMS); assists in maximizing federal reimbursement and supports continuous improvement of the billing system; maintains security and confidentiality of documents in accordance with the Health Insurance Portability and Accountability act (HIPAA), the Health Information Technology for Economic and Clinical Health Act, and various parts of Section 42 of the United Stated Code, and Code of Federal Regulations.

EXAMPLES OF DUTIES:

Research and correct Medicare D claims rejected in the upload from the CRS onto the DSG system, and claims rejected by the insurance companies. Review drug billing transactions, and service data including: claims and encounter information, payments, electronic and paper remittance advices and claims status. Identify partial payments and determine if additional amounts are due. Make manual corrections to claims as necessary. Post payments as required. Maintain a high level of phone, email, and written correspondence with facilities and insurance companies to obtain the corrected beneficiary and dispensed drug information to resubmit Medicare claims. Review and reply to correspondence including discussions of coverage and limitations. Utilize information reports from DSG to identify trends causing claims denials. Review and process all denials including making appeals for fully or partially denied claims. Create and maintain spreadsheets that identify rejected, accepted and paid claims.

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- 15% Upload and process the ERAs weekly via the electronic billing system from the fiscal intermediary for reconciliation of the accounts receivables. Interact with Information System (IS) section to facilitate the downloading of the ERAs to the internal server. Review ERA files and pay tapes for reconciling. Reconcile the receivables in the CRS system to ensure that payments post correctly. Audit accounts for claim over/under payment and respond to claim payment inquiries from insurance companies.
- 10% Assist the unit analyst as required to resolve higher level or systemic claims rejections. Make suggestions for claims process improvements and work with staff to implement accepted suggestions. Maintain claims files. Review weekly updates received via email, mail, and internet sites to remain current and up to date with the frequent changes to ensure correct claiming and maximum revenue collection is achieved.

SUPERVISION RECEIVED: Reports directly to the Staff Services Manager I, Medicare/Insurances/Quality Control/Conservatorship Unit.

SUPERVISION EXERCISED: None

TYPICAL PHYSICAL DEMANDS: Work on a desktop computer approximately 90 percent of the time. Multiple changing priorities. Telephone use is required. Walk short distances for retrieving prints, staff interaction and meetings. Filing and data input required. Process paper and electronic documents, files and correspondences as needed. General use of office tools such as fax, printing, scanning and copy machines. Utilize manuals.

TYPICAL WORKING CONDITIONS: Open-partitioned office with a smoke-free environment; use of fragrances and fragrance enhanced products is strongly discouraged for the health and comfort of individuals with chemical sensitivities; detailed use of printed and on-line data, reports and other materials; creation and use of detailed documents and spreadsheets; multiple changing priorities.

PERFORMANCE REQUIREMENTS:

Knowledge of:

- Medicare and private insurance, especially drug coverage, is essential.
- Experience with billing systems, patient records, and other online work processes.
- Medicare program, laws, rules, regulations and policies related to the billing process.
- Various Medicare and procedures manuals is desirable.
- Microsoft Programs: Excel, Outlook and Word.

Ability to:

- Prioritize and organize a workload in order to maximize revenue reimbursement.
- Handle multiple duties within scope of classification in an efficient manner
- Adapt to frequent changes from CMS and Information Technology (IT) systems.
- Work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system.
- Listen and communicate both orally and in writing.
- Participate as part of a team to maintain working relationships among the billing staff at HQ, the facilities, DSG, and the fiscal intermediary.

Revised: 04/29/14